

ISSUE SLIP STAPLE AREA (for additional cross references)

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MD</i>	<i>60080</i>	<i>9/10/99</i> <i>10/1/99</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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